Please replace the paragraph beginning at page 7, line 3, with the following two rewritten paragraphs. For the Examiner's information, the only change being made to the original paragraph is that it is being divided into two paragraphs (i.e., there are no changes to the wording):

In operation, interconnector 112 serves to attach inner alignment piece 230, shaft 140 and cannula 114 to thehousing. The inner alignment piece serves to locate the shaft within the cannula, and also serves as a bearing for the shaft. Locking member 216 serves to locate the inner alignment piece within extended housing portion 208 through the engagement of notch 212 on the locking member and detent 210 on the interior of the extended housing portion. Locking ring 218 serves to secure the locking member, together with the cannula, inner alignment piece and shaft, within the extended housing portion. The locking ring accomplishes this via the cooperative action of its interior threads 214B and exterior threads 214A, which are located on the exterior surface of the extended housing portion. Drive coupling 130 serves to impart a surgical motion to shaft 140. Outer O-ring seal 206 serves to prevent transmission of body fluids that may be present at the distal end of the shaft through to the housing. Electrical power is provided via wire 122, to commutator 260. Commutator 260 is electrically coupled to distal end of shaft 140, thus producing a cauterizing effect at the distal end of the shaft.

FIG. 2B shows a cross section of another embodiment of surgical apparatus 200, which shows a generally insulating shaft including an interior conductor 240. The elements, their arrangement and function are identical to those described above in FIG. 2A with the following differences. The interior conductor is located within shaft 140. The shaft is generally insulating. The interior conductor electrically couples commutator 280 to the distal end of the shaft, thereby permitting a cauterizing action at the distal end of the shaft.

Please replace the paragraph beginning on page 7, line 25, with the following rewritten paragraph:

FIGS. 3A-D are enlarged cross-sectional views of interconnector 112. In FIGS. 3A-D, an embodiment of the invention is shown in which surgical tool 102 and the interconnector are removable from housing 108. FIGS. 3A-B show cross-sectional views of the surgical apparatus shown in FIG. 1A. In the cross section views shown in FIGS. 3A-B, the electrical interface is

integrated into the housing, rather than being located within the interconnector. FIGS. 3A-B show an electrical interface between the tool and power supply, located in the housing. FIGS. 3C-D are cross-sectional views of the apparatus shown in FIG. 1B, in which the electrical interface is integrated into the interconnector, rather than being located within the housing. FIGS. 3C-D show an electrical interface, between the surgical tool and power supply, located in the interconnector.

Please replace the paragraph beginning at page 8, line 15, with the following rewritten paragraph:

Shaft 140 is contained within cannula 114, and kept separate from the cannula by inner alignment piece 230. Distal O-ring seal 332 is located within a retaining groove at a distal end of shaft 140, and is in contact with the interior of the inner alignment piece. The cannula, inner alignment piece, and shaft are connected at their proximal ends to housing 108 via interconnector 112. The inner alignment piece locates inner O-ring 320 between the inner alignment piece and the shaft near the proximal end of the inner alignment piece and the shaft. Interconnector 112 serves to locate the shaft, inner alignment piece, and cannula. Interconnector 112 includes locking member 216 which is shaped so as to secure the cannula within extended housing portions 208. The locking member also has a notch 212, which is located opposite detent 210 located on an interior surface of the extended housing portion. The locking member additionally includes outer O-ring seal 206, located between the locking member exterior surface and the extended housing portion interior surface. The extended housing portion includes exterior threads 214A, located so as to be opposite interior threads 214B, which are located on locking ring 218. Located at a proximal end of shaft 140 are commutator 134 and drive coupling 130. RF signal source 304 is electrically coupled via wire 122 which is coupled in turn with electrical contact 118, via push switch 116. The electrical contact is located such that it is in removable contact with commutator 134. Push switch 116, which is spring biased by spring 120, is located on an exterior surface of the housing.

Please replace the paragraph beginning at page 9, line 7, rewritten as the following two rewritten paragraphs. For the Examiner's information, the only change being made to the

original paragraph is that it is being divided into two paragraphs (i.e., there are no changes to the wording):

In operation, interconnector 112 seves to attach inner alignment piece 230, shaft 140 and cannula 114 to the housing. The inner alignment piece serves to locate the shaft within the cannula, and also serves as a bearing for the shaft. Locking member 216 serves to locate the inner alignment piece within extended housing portion 208 through the engagement of notch 212 on the locking member and detent 210 on the interior of the extended housing portion. Locking ring 218 serves to secure the locking member, and thus the whole of surgical tool 102, within the extended housing portion. The locking ring accomplishes this via the cooperative action of its interior threads 214B and exterior threads 214A, which are located on the exterior surface of the extended housing portion. Drive coupling 130 serves to impart a surgical motion to shaft 140. Distal O-ring seal 332, outer O-ring seal 206 and inner O-ring seal 320 serve to prevent transmission of body fluids that may be present at the distal end of the shaft through to the housing. RF signal source 304 serves to provide power via wire 122, and electrical contact 118 to commutator 134. Commutator 134 is electrically coupled to distal end of shaft 140, thus producing a cauterizing effect at the distal end of the shaft. The electrical circuit is closed when push switch 116 is depressed against spring 120 to bring electrical contact 118 into electrical contact with commutator 134.

FIG. 3B shows a cross section of another embodiment of surgical apparatus 300, which shows a generally insulating shaft including an interior conductor 240. The elements, their arrangement and function are identical to those described above in FIG. 3A with the following differences. The interior conductor is located within shaft 140, and electrically couples commutator 134 to the distal end of the shaft, thereby permitting a cauterizing action at the distal end of the shaft.

Please replace the paragraph beginning at page 16, line 12, as added by Preliminary Amendment, with the following:

It can be appreciated that the structures depicted in Figs. 6A-6D include convex and concave tip surfaces. The cutting edges can be defined by the meeting of these convex and concave tip surfaces.